

FEDERAL GRANT APPLICATION/AWARD NOTIFICATION
STATE OF CALIFORNIA STATE CLEARINGHOUSE (916) 445-0613

1 APPLICATION DATE

19 76 mo 06 day 18

ITEMS 1-31 TO BE COMPLETED BY APPLICANT

3. APPLICANT - Organizational Unit: Sewer Authority Mid-Coastside
4. ADDRESS - Street or P. O. Box: P.O. Box 67
5. CITY: Half Moon Bay
6. COUNTY: San Mateo
7. STATE: CA
8. ZIP CODE: 94019
9. PROG TITLE/NO.: 66418 Construction Grants
10. TYPE OF ACTION: a [X] New
11. TYPE OF CHANGE: a [X] Increased Dollars
13. a [] Other Scope Change
14. EXISTING FED GRANT: 75D-1022
15. REQUESTED FUND START: 19 76 mo 07
16. FUNDS DURATION: 06 (Months)
17. EST. PROJECT START: 19 76 mo 07
18. EST. PROJECT DURATION: 06 (Months)
19. APPLICANT TYPE: E. School District
20. FEDERAL: () \$ 300,533
21. STATE: () \$ 50,089
22. LOCAL: () \$ 126,278
23. OTHER: () \$ 0
24. TOTAL: () \$ 471,900
25. BRIEF TITLE OF APPLICANT'S PROJECT: Sewer Authority Mid-Coastside (S.A.M.)

26. DESCRIPTION OF APPLICANT'S PROJECT (Purpose): To design Joint Sewage transmission, treatment and disposal facilities for City of Half Moon Bay, Granada Sanitary District and Montara Sanitary District (Step II Grant Application)

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27. AREA OF PROJECT IMPACT: Half Moon Bay, San Mateo County
28. CONGRESSIONAL DISTRICT: [11]
29. Environmental Assessment Required: [X] Yes
30. CLEARINGHOUSE(S) TO WHICH SUBMITTED: a [X] State b [X] Area Wide
31. a NAME/TITLE OF CONTACT PERSON: F. J. Karpain, City Engineer
b ADDRESS: P.O. Box 67, Half Moon Bay, CA 94019
c TELEPHONE NO.: 415/726-5566
31. d IS ENVIRONMENTAL DOCUMENT REVIEW REQUIRED: YES [X] NO []
e Will the project require relocation? YES [] NO [X]
f Does your agency have a civil rights affirmative action policy and plan? YES [X] NO []
g Is project covered by A-95, Pt IV? YES [] NO [X]
h If project is physical in nature or requires an environmental document, list the U. S. Geologic Survey Quadrangle map in which project is located: Half Moon Bay Montara Mountain

ITEMS 32-38 TO BE COMPLETED BY CLEARINGHOUSE
32. CLEARINGHOUSE ID: 301
33. a ACTION BASED ON REVIEW OF: b [X] Application
33. b ACTION TAKEN: a [X] With Comment
34. STATE APPLICATION IDENTIFIER (SAI): C A
35. CLEARINGHOUSE IMPACT CODE: STATE WIDE [] Yes [] No
36. STATE PLAN REQUIRED: [] Yes [X] No
37. RECEIVING DATE AT CLEARINGHOUSE: 19 76 mo 09 day 09
38. FINAL CH ACTION DATE: 19 76 mo 05 day 20
38. a SIGNATURE OF CH OFFICIAL: [Signature]

ITEMS 39-42 TO BE COMPLETED BY APPLICANT BEFORE SENDING FORM TO FEDERAL AGENCY
39. CERTIFICATION: The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant.
40. a NAME (Print or Type): W. Fred Mortensen
b TITLE: City Manager
c SIGNATURE of Authorized Representative: [Signature]
d TELEPHONE NUMBER: 415 726-5566
41. DATE MAILED TO FEDERAL/STATE AGENCY: 19 75 mo 08 day 29
42. NAME OF FEDERAL / STATE AGENCY TO WHICH THIS APPLICATION SUBMITTED: SWRQCB

ITEMS 43-54 TO BE COMPLETED BY FEDERAL OFFICE EVALUATING AND RECOMMENDING ACTION ON THE APPLICATION
43. GRANT APPLICATION ID (Assigned by Federal Agency)
52. Application Rec'd.
53. a Exp. Action Date
53. b Ret to Applicant

Always Complete

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DIVISION OF WATER QUALITY